

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13476
State File No. _____
Registrar's No. **1665**

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days) 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. Route #6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Bonnie Jean Hanna

3. (b) If veteran, name war. No 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3, 1937
(Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Holden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Virgil J. Hanna
13. Birthplace Johnson County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Marie Peterson
15. Birthplace Linn Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Hanna
(b) Address Holden Mo

17. (a) Rural (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Canada G. Raper
(b) Address Holden Mo

19. (a) 4-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1947 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from 2-25 1947 to 4-12 1947.
that I last saw h.c. alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 582

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature H.M. Raper (M. D. or other) _____
Address 1624 Prof Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *M R O'Quaden*
Licensed Embalmer No. *34734*
P. O. Address *Falden, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.